

NEW EMPLOYEE APPROVAL/CHANGE OF EMPLOYEE STATUS FORM

SECTION I. To be completed by the Department Head/Supervisor

1. Name of Employee Emily Herring

2. Date of Employment 01-22-23 Pay rate \$63,716.29

3. Department Conservation Title Director

4. Attach Documentation--References checked Yes No

5. Date Physical Given _____ Driver's License Check _____

6. Job Posting Dates: From 11-15-22 to 11-28-22 (10 Days Required)

7. Job Description/Grading Complete? Yes No Union Employee

8. New Employee: Number hours per week 40 (Full Time is 32 or more hrs/wk)
If temporary, end date _____

9. Change of Status: Effective Date 01-22-23
Position Title from Naturalist to Director
Pay Rate from \$22.48 to \$63,716.29

Date 01-03-23 Tentative Dept Approval Per MCCB meeting approval 01-03-23 la. Code Sec. 350.4.6

SECTION II. This form, with the attachments and payroll forms, should be forwarded to the Board of Supervisor's Office for inclusion on the next Board agenda before the new employee begins work. Paychecks will not be issued until all forms are complete and Board approval granted.

APPROVAL/DISAPPROVAL _____ / _____ / _____ Date _____
Board of Supervisors (yes or no + initials)

Sections I and II must be completed BEFORE going to Auditor 's Accounting Department

SECTION III. To be completed by payroll personnel (Auditor Office)

- 1. W-4 and IA W-4 (Federal and State withholding certificates)
- 2. I-9 Employment Eligibility Verification Form
- 3. IPERS Beneficiary Form (Full time student? Yes No --- Not needed for full time students)
- 4. Direct Deposit
- 5. Health, Dental, Life Insurance, EAP & Flexible Spending

- 6. Voluntary Life Insurance, Voluntary Accident Insurance & AFLAC
- 7. Part-time? Yes Health Ins Referral Form; No N/A
- 8. Credit Union Brochure
- 9. Deferred Comp Information
- 10. Personnel Policy (printed copy available upon request)
- 11. Sexual Harassment Policy and Family Medical Leave (if not under County Personnel Policy)

I have completed the forms and received the documents, as noted above.

DAT _____ EMPLOYEE
E _____ Signature _____